USES OF THE THEMATIC APPERCEPTION TEST [1]

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The choice of "projective techniques" as topic for the theoretical section at the 1950 meeting of The American Psychiatric Association is another heartening sign, an authoritative sign, of multiplying articulations of interest and purpose between practitioners of psychiatry and practitioners of psychology. It seems that the older and more venerable of the two professions is today both secure enough and magnanimous enough to give the bumptious younger one an opportunity to speak up and be heard.

The choice of this topic also indicates, it seems to me, a mounting enthusiasm among psychiatrists for investigations of a strictly psychological sort, in addition to the ever-important researches of a physiological sort.

I would be not a little embarrassed to devote, as I will now, all the allotted time to a test with which my name is sometimes linked, if this test were not a product of more brains than mine. The germinal suggestion for the TAT came from a brilliant student in abnormal psychology at Radcliffe, Mrs. Cecilia Roberts,[2] and, during the first phases of its development, much of the picture selection and picture drawing, the administration and interpretation, was done by Mrs. Christiana D. Morgan. Since then a host of ladies and gentlemen—Drs. White, Sanford, Tomkins, Bellak, Henry, Rapaport, Stein, Rosenzweig, and others—have succeeded more than I have in shaping its character.

This afternoon, with your tolerance, I shall assume the rôle of protagonist and, to sharpen the argument, put forth the preposterous proposition that the psychiatrist *himself*—particularly the psychoanalytically trained psychiatrist—should learn the simple art of administering and interpreting the TAT.

My first reason for suggesting this is tinged with selfish prejudice. Having a certain sentimental regard for the TAT, I am anxious that the young lady be given every opportunity for refinement and for the exhibition eventually of all her potential charms and talents. Without the aid of the psychoanalyst, this goal is scarcely attainable, because not only is the analyst in the best relational position to kindle the patient's whole capacity for projective story-telling, but with the knowledge he acquires from free associations and dream analyses, he, more than anyone, is capable of discriminating grain from chaff in the TAT stories, and thus of laying hold on the facts required for the construction of dependable principles of interpretation.

Whatever peculiar virtue the TAT may have, if any, it will be found to reside, not, as some have assumed, in its power to mirror overt behavior or to communicate what the patient knows and is willing to tell, but rather in its capacity to reveal things that the patient is unwilling to tell or is unable to tell because he is unconscious of them. Since it is only the depth therapist who, in the regular course of his work, exposes components of the personality that have been unconscious to the patient, it is only the depth psychotherapist who is in a position to validate the most significant inferences drawn from the TAT stories. Thus, further straight-line progress in the development of this technique depends to a considerable extent on whether or not a few competent psychiatrists will decide that the TAT is a strategic instrument for explorations of subterranean mental processes.

More specifically and more cogently, I would recommend the use of this device at the start, in the middle, and at the end of courses of therapy, first of all as an aid in identifying suppressed and repressed dispositions and conflicts, and in defining, as Bellak(1) has suggested, the nature of the patient's resistances to these dispositions; *second* as a therapeutic agent, since the stories, like dreams, provide admirable starting points for free associations; *third* as a

[1] Read at the 106th annual meeting of The American Psychiatric Association, Detroit, Mich., May 1-5, 1950.

[2] Now Mrs. Crane Brinton.

means of estimating the effects of therapy; and *fourth* as an instrument of research, especially in the psychosomatic disorders.

Administration.—Although the TAT is rarely administered as I believe it should be, the technique is very simple, if you happen to be the kind of person who is disposed to hearten people in their creative efforts. All you have to do is to recite a short paragraph of plain instructions and with an encouraging expression—I won't say a grin—hand the patient Picture No. 1.

In order to prevent the much too common occurrence of more or less irrelevant reactions—such as mere descriptions of parts of the picture—we at the Harvard Clinic have adopted the practice of requesting the patient to examine the picture carefully for about 20 seconds and then to put it aside.

Also, in order to facilitate the establishment in the patient of a single individual point of orientation through identification with a preferred figure, we ask him or her to choose a proper name for the chief character before proceeding with the story.

It is often necessary, after the completion of the first story, to repeat some of the directions, explaining unambiguously to the patient that every story he tells must have a plot with a definite ending. But after this—except for an occasional guiding comment and some judicious praise—the administrator should not say anything until 10 stories have been told and the hour is over.

If properly "warmed up," most subjects (instructed to devote about 5 minutes to each response) will tell stories that are 200 words or more in length (as recorded, say, on a dictaphone). Although there are certainly some psychotics and an occasional neurotic who cannot be induced under ordinary circumstances—say, without the administration of a drug—to tell stories of this length, or even to speak at all, we consider that to come out with stories averaging less than 200 words apiece usually indicates that the rapport between administrator and the patient and/or the "warming up" process were defective.

At the moment we are testing the effectiveness of other directions given to the testee. Instead of asking for one long story, we request the subject to respond to each picture by presenting the outline of as many plots as possible. Although something is lost by this method, something is gained: we obtain about 70 themes instead of 20. It is too early to say whether, on the average, the gains outweigh the losses.

Test Material.—Physically speaking, as some of you may know, the TAT is no more nor less than a set of 19 pictures and one blank card arranged in a definite order.

The advantages of keeping the stimulus conditions of a test uniform—of presenting, say, an unchanging set of pictures in an unchanging sequence—are generally known and appreciated. No argument for this principle seems necessary today, despite the fact that the majority of TAT workers, as far as I can determine, have not seen fit to abide by it.

Unless we accept *this* amount of standardization it will not be possible to do what we so often want to do: compare the responses of one subject, or of one class of subjects, or of one social group, with the responses of other subjects, classes, social groups. Every TAT worker knows that the kinds of responses—in this case, stories—that he gets are largely determined by the characteristics of the pictures. In order to raise the proportion, say, of homicidal and suicidal themes, one has only to introduce one new element in one picture—a gun leaning against a wall.

In view of these weighty considerations, we TAT workers might be disposed to stick to the standard set of pictures, were it not that so many of us believe that some of these pictures are not as significantly provocative as they might be. We can hardly doubt, for example, that Thompson(4) is correct in stating that color increases the stimulating power of the pictures. The introduction of two or three abstract or symbolic pictures—less definite, less structured—might also improve the series.

It is not unlikely that the deeper layers of fantasy would be more successfully invited by pictures that were less closely related to settings and personages of everyday American life. A foreign landscape, a fairy tale scene, or an animal picture might arouse fewer defenses than do some of the pictures

now in use. Furthermore, as Shakow[8] and others have pointed out, certain often-critical conditions—such as sibling rivalry, separation from a supporting person, and so forth—are not suggested by any of the pictures in the present collection. Finally, in order to avoid antagonizing subjects who have æsthetic sensibilities, it is evident that several of the Harvard pictures must be redrawn and all of them should be more satisfyingly reproduced.

Thus, we have two conflicting aims: One, to establish and agree to use a standard set of pictures, and two, to improve the present set. These aims, as I see them, can be reconciled only by delegating to an elected committee the responsibility of judging whether or not each new picture submitted for membership in the series is more effective than the least effective picture in current use.

In terms of what criteria should these judgments be made? In my opinion, the most readily obtainable criteria—length, vividness, and dramatic intensity of the stories—criteria proposed by Symonds(3), Thompson (4), and others are not at all dependable. What we really need to know is how much each picture commonly contributes to an understanding of the patient's latent, repressed, and unconscious dispositions. Since the TAT is not designed to exhibit the overt action-patterns of people, the possession by any picture of this kind of virtuosity is almost wholly irrelevant. If the TAT selection committee agrees with this opinion, the data they will require in appraising the effectiveness of any picture can be obtained only through an extensive study of the covert personalities of a large number of subjects who have taken the test.

Besides an improved set of 20 or 30 pictures for general use, I would strongly recommend several special sets, of 4 or 5 pictures each, for testing the presence of specific dispositions or complexes.

Constituents of TAT Stories.—The efficacy of the TAT, like that of most projection tests, depends on the degree to which the following assumptions are valid:

1. In characterizing the hero of a story and in portraying his actions and reactions, the storyteller will commonly utilize some of the components, conscious or unconscious, of his own past or present personality—for example, an assumption, an expectation, an idea, a feeling, an evaluation, a need, a plan, or a fantasy that he has experienced or entertained.

2. In characterizing the other major figures of a dramatic narrative and in portraying their actions and reactions, the storyteller will commonly utilize some of the personality components (as he has apperceived them) of persons—such as parents, siblings, rivals, loved objects—with whom he has had, or is having, significant interactions.

Not infrequently some of the depicted qualities and reactions of the other major characters will be derived from once-fantasied figures—inventions of the child's imagination—rather than from apperceptions of actual people; or they may be derived from aspects of the storyteller's own personality (as in the first assumption). That is to say, the interactions in a story may involve 2 different parts—two subsystems—of the subject's total self.

3. In constructing the plot, describing the endeavors of the hero, his transactions with the other major figures, and the outcome and final consequences of these efforts and interactions, the storyteller will commonly utilize memory traces, conscious or unconscious, of some of the actual or fantasied events that have exerted a significant influence on his development.

Note that these are not only very modest assumptions, assumptions that have been made by generations of literary critics, but that they have been repeatedly demonstrated.

According to the 3 stated propositions, only a fraction—as a rule a relatively small fraction—of the aggregate of words, phrases, and sentences that make up a set of stories represent important constituents (as defined above) of the patient's past or present personality. As a rule, most of the obtained material consists of statements that are *not* representative of anything that needs to be included in a formulation of his personality. In short, the larger fraction of the protocol is chaff; the smaller fraction, grain. The crucial question—how does one thresh out the grain from these stalks of stories—will be discussed shortly.

[8] Personal communication.

The assumption that a set of TAT stories will contain a fair amount of grain—sometimes a large amount of rich grain—cannot be verified by observing the subject's behavior in everyday life. The patterns of the imagination and the patterns of public conduct are more apt to be related by contrast than by conformity. But the psychiatrist can prove to himself and others how much real grain is concealed in TAT stories by waiting a few months until he has acquired a great deal of information and feels thoroughly at home in his patient's stream of consciousness. If then, at this later date, he examines the set of stories, with mind alert to every symbolic possibility, he will almost surely discover that a good deal of what he has learned during the course of the analysis is *there,* varyingly disguised, in the stories.

Of course some important things, as Tomkins(5) and Bellak(1) have pointed out, will not be found there. Two hours of story-telling is not enough to reveal all the important potentialities of a person, and besides this, the ego has its defenses that operate even when self-consciousness is half-lost in the process of composing dramatic plots.

If, say, in the middle of an analysis, the psychiatrist uses the critical elements and incidents in the stories as points of departure for free associations, and by tactful questioning discovers the known sources of as many items as possible, and then adds this information to the knowledge he has already acquired, he will usually find that the grain—that is, the significant personal references in the stories—can be assigned to one or more of the following periods of the life history.

1. *Testing Period.*—The TAT protocol is likely to include some indication of the patient's apperception, appraisal, and reaction to the total testing situation and/or, more specifically, the administrator of the test.

2. *Current Period.*—Many of the TAT grains are straight or distorted representations of constituents of what historians call the "specious present." That is, they portray the patient's evaluations, emotional reactions, and expectations in relation to the on-going course of events, the events that in the last days, weeks, or months have most frequently or intensely affected him.

3. *Past Periods.*—Of these the period of childhood is perhaps most important from a therapeutic standpoint.

According to our experience almost all TAT protocols contain grains that can be interpreted as symbolic representations of childhood occurrences. I would be surprised if there is any traumatic event or complex known to child psychology that has not been found in some disguised form in TAT protocols.

So much for the constituents of TAT stories and the periods of the life history from which they are commonly derived.

Let us now turn to the as-yet-unsolved, or only partly solved, problem of how to pick the significant elements and forms out of a web of irrelevancies, when one's knowledge of the patient's past history and character is nil.

Here I must be brief. Time is running out. The most dependable criteria, I submit, for distinguishing the relevant elements and forms in a set of stories are the following:

1. *Symbolic significance: i.e.,* an element or thematic structure that resembles in some familiar way an element or theme that is known to be very commonly important in childhood. Here I am referring to plausible inferences based on our knowledge of the principles of dream interpretation.

2. *Repetition: i.e.,* an element or theme that recurs 3 or more times in the series of stories.

3. *Uniqueness:* by referring to the set of norms recently published by Rosenzweig (2) the inexperienced interpreter can, for the first time, make use of this criterion.

4. *Interrelatedness: i.e.,* an element or theme that is known to be mutually related with an element or theme that has already been judged to be significant (according to one of the 3 above-listed criteria.)

5. *Subject's self-involvement: i.e.,* indications that the subject's emotions—interests or defenses—were excited when mentioning a certain element, or during the entire composition or part of it.

So much for the huge subject of diagnosis.

This brings me to the end of my allotted time and the end of the most condensed summary I could contrive of the Thematic Apperception Test and its uses.

BIBLIOGRAPHY

1. Bellak, L. Thematic apperception: Failures and the defenses. Trans. N. Y. Acad. Sci., **12**: 122, 1950.

2. Rosenzweig, S. Apperceptive norms for the Thematic Apperception Test. J. Personal., **17**: 475, 1949.

3. Symonds, P. Adolescent Fantasy. New York, Columbia University Press, 1949.

4. Thompson, C. E., and Bachrach, A. J. The use of color in the Thematic Apperception Test. Presented at the Annual Meeting of the AAAS, New York, 1949.

5. Tomkins, S. S. The present status of the Thematic Apperception Test. Am. J. Orthopsychiat., **19**: 358, 1949.